

# EXHIBIT A

Approved, SCAO

Original - Court  
1st copy - Defendant2nd copy - Plaintiff  
3rd copy - Return

STATE OF MICHIGAN JUDICIAL DISTRICT 6th JUDICIAL CIRCUIT COUNTY PROBATE	SUMMONS	CASE NO. 21-190292-NO
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Court address  
1200 N. Telegraph Road, Pontiac, MI 48341Court telephone no.  
248-858-1000Plaintiff's name(s), address(es), and telephone no(s).  
RODNEY REEVESDefendant's name(s), address(es), and telephone no(s).  
DOXIM IDS, LLC

v

Plaintiff's attorney, bar no., address, and telephone no.  
FRANCI B. SILVER (P41166)  
29777 Telegraph Road, Ste. 1555  
Southfield, MI 48034  
(248) 352-7777This case has been designated as an  
eFiling case, for more information  
please visit  
[www.oakgov.com/efiling](http://www.oakgov.com/efiling).

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

**Domestic Relations Case**

- ☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
- ☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
- ☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

**Civil Case**

- ☐ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
- ☒ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
- ☒ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
- ☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has

been previously filed in ☐ this court, ☐ \_\_\_\_\_ Court, where

it was given case number \_\_\_\_\_ and assigned to Judge \_\_\_\_\_

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk.

**SUMMONS****NOTICE TO THE DEFENDANT:** In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party or **take other lawful action with the court** (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date 9/29/2021	Expiration date* 12/29/2021	Court clerk Lisa Brown
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\*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

MCR 1.109(D), MCR 2.102(B), MCR 2.103, MCR 2.104, MCR 2.105

MC 01 (9/19) **SUMMONS**

FILED Received for Filing Oakland County Clerk 11/18/2021 9:36 AM

**SUMMONS**  
Case No. 21-190292-NO

**PROOF OF SERVICE**

TO PROCESS SERVER: You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

**CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE**

☐ **OFFICER CERTIFICATE**

OR

☐ **AFFIDAVIT OF PROCESS SERVER**

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party (MCR 2.104[A][2]), and that: (notarization not required)

Being first duly sworn, I state that I am a legally competent adult, and I am not a party or an officer of a corporate party (MCR 2.103[A]), and that: (notarization required)

- ☐ served personally a copy of the summons and complaint,  
☒ served by registered or certified mail (copy of return receipt attached) a copy of the summons and complaint,

together with Jury Demand  
 List all documents served with the summons and complaint

on the defendant(s):

Defendant's name	Complete address(es) of service	Day, date, time
DOXIM IDS, LLC		
R/A Michael Andersen Company Inc.	229 Brookwood Dr. Ste. 14 South Lyon, MI 48178	11-8-2021

- ☐ I have personally attempted to serve the summons and complaint, together with any attachments, on the following defendant(s) and have been unable to complete service.

Defendant's name	Complete address(es) of service	Day, date, time

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Signature

Kelly L. Hart  
 Name (type or print)

Title

Legal Secretary

Subscribed and sworn to before me on 11/18/2021 Date County, Michigan.

My commission expires: \_\_\_\_\_ Date

Signature: Marlene L. Abel  
 Deputy court clerk/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_



MARLENE L. ABEL  
 NOTARY PUBLIC, STATE OF MI  
 COUNTY OF LIVINGSTON  
 MY COMMISSION EXPIRES Nov 3, 2026  
 ACTING IN COUNTY OF Oakland

**ACKNOWLEDGMENT OF SERVICE**

I acknowledge that I have received service of the summons and complaint, together with Attachments

\_\_\_\_\_ on \_\_\_\_\_  
 Day, date, time

\_\_\_\_\_ on behalf of \_\_\_\_\_  
 Signature

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p> <input type="checkbox"/> Complete items 1, 2, and 3.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>           1. Article Addressed to:            DEXIM IDS, LLC            R/A Michael Anderson Company, Inc.            889 Brockwood Dr. Ste. 14            South Lyon, MI 48178 </p> <p>           9590 9402 6752 1074 2579 83   </p> <p>           2. Article Number (transfer from service label)            7020 3160 0002 0761 2162 </p>		<p>           A. Signature  <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee </p> <p>           B. Received by (Printed Name) <u>Mike Anderson</u> C. Date of Delivery <u>11/8/21</u> </p> <p>           D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No </p>	
<p>3. Service Type</p> <p> <input type="checkbox"/> Adult Signature  <input checked="" type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </p> <p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>		<p>Domestic Return Receipt</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053